

CPAP PROGRAM DATA RECORD

(See Reverse Side)

Ambulance Service Provider _____

Level of Provider _____

1. Patient Demographics: Age _____ Sex: ☐ M ☐ F Date of service: _____

2. Inclusion Criteria:

	Yes	No
a. Retractions or accessory muscle use	<input type="checkbox"/>	<input type="checkbox"/>
b. Respiratory Rate > 25/min	<input type="checkbox"/>	<input type="checkbox"/>
c. Pulse Ox < 94%	<input type="checkbox"/>	<input type="checkbox"/>

3. Suspected Indication for CPAP Use: ☐ CHF ☐ Asthma/COPD ☐ Pneumonia ☐ Unsure

4. Vital Signs :	HR	RR	BP	O2 Sat	RDS*	LOC	Medications Given
Initial	_____	_____	____/____	_____	_____	A V P U	_____
5 Mins.	_____	_____	____/____	_____	_____	A V P U	_____
10 Mins.	_____	_____	____/____	_____	_____	A V P U	_____
15 Mins.	_____	_____	____/____	_____	_____	A V P U	_____
20 Mins.	_____	_____	____/____	_____	_____	A V P U	_____
25 Mins.	_____	_____	____/____	_____	_____	A V P U	_____
30 Mins.	_____	_____	____/____	_____	_____	A V P U	_____
35 Mins.	_____	_____	____/____	_____	_____	A V P U	_____
Hospital	_____	_____	____/____	_____	_____	A V P U	_____

• RDS = Respiratory Distress Score 0-10 (10 being the worst)

5. EMT perception of patient Condition upon ED Arrival: ☐ Better ☐ Same ☐ Worse

6. Procedural Complications/Technical Difficulties: _____

7. CPAP discontinued before ED arrival? ☐ Y ☐ N If yes, why: _____8. ALS Intercept? ☐ Y ☐ N Level of Intercept: ☐ Basic-IV ☐ Intermediate ☐ Paramedic**TO BE COMPLETED BY AMBULANCE SERVICE MEDICAL DIRECTOR:**Patient required intubation? ☐ Y ☐ N If yes, by whom? ☐ ALS ☐ ED ☐ ICU ☐ FloorPatient Disposition: Admitted: ☐ ICU ☐ Floor LOS _____ Date of Death _____ Transferred to: _____Admission Diagnosis : ☐ CHF ☐ COPD ☐ Asthma ☐ Pneumonia ☐ Other: _____Was CPAP indicated and used correctly? ☐ Y ☐ N Comments: _____

RESPIRATORY DISTRESS SCORE

Have the patient point to the level of their distress and mark the point with a pen.

“On a scale of 0 to 10 with 10 being the worst trouble breathing you have ever had, please rate the severity of your breathing”

Initial	0-----5-----10
5 Minutes	0-----5-----10
10 Minutes	0-----5-----10
15 Minutes	0-----5-----10
20 Minutes	0-----5-----10
25 Minutes	0-----5-----10
30 Minutes	0-----5-----10
35 Minutes	0-----5-----10
Hospital	0-----5-----10